

**Montana WIC Program
Post-Event Request for Continuing Education Credit Approval**



INSTRUCTIONS: Please submit within 90 days of completion of activity

Date _____

Name _____ Position _____ WIC Program _____
(RD, RN, HEC, Aide)

Program Title _____

Instructor(s)/Presenter(s) _____

Qualifications of Instructor(s)/Presenter(s)

Date(s) and Time(s) Attended _____
(Attach program brochure)

Objectives: State objectives for each session/topic. Include concepts, ideas, or principles to be learned. Objectives must be measurable.

_____	_____
_____	_____
_____	_____

How does the topic of the program/conference relate to the WIC Program?

For each CEU requested, list one item you learned and describe how you will apply this in your WIC job (use back of form if needed).

INSTRUCTIONS: Return completed form to
WIC Nutrition Education Coordinator
Department of Public Health & Human Services
Cogswell Bldg., 1400 Broadway
PO Box 202951
Helena, MT 59620-2951